

THE DIRECTOR OF  
CENTRAL INTELLIGENCE

National Intelligence Council

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 UNCLAS KHARTOUM 00313

DEPT FOR RP/HARRIS

E.O. 12356: N/A

TAGS: SREF, SU, EAID

SUBJ: PRELIMINARY REPORT - CDC ASSESSMENT WAD KOWLI CAMP

1. THIS REPORT WAS DRAFTED AT MIDNIGHT JAN 6 IN ES SHOWAK GUEST HOUSE BY CDC DOCTORS JUST BACK FROM NEW ARRIVALS WAD KOWLI CAMP. DOCTORS WERE SUFFICIENTLY ALARMED THAT THEY CUT SHORT INITIAL VISIT TO GET THE MESSAGE OUT.
2. WAD KOWLI HAS GROWN IN SIZE FROM 10,000 AT THE TIME OF THE HARRIS VISIT TO 52,000 TODAY. REPORTS ON TEAM ARRIVAL JAN 4 WERE 38,000. JANUARY 5 ESTIMATES WERE 44,000. JAN 6 52,000. ONE HUNDRED THOUSAND ARE EXPECTED BY THE END OF JANUARY AND 300,000 BY END OF MARCH. DOCTORS LINNAN, DENNIS AND MCNEILL RETURNING TO WAD KOWLI JAN 8 TO PERFORM FEVER AND BLOOD SURVEY. ESTABLISH PATIENT SURVEY FLOW AND A SURVEILLANCE SYSTEM. PLAN TWO DAYS IN CAMP BEFORE PROCEEDING TO TEKL EL BAB AND WAD SHERIFFIE CAMPS WILL REPORT RESULTS ON RADIO EQUIPMENT WHICH ARRIVED IN GEDAREF JAN 8.
3. BEGIN CDC REPORT. CDC DOCTORS LINNAN AND DENNIS SPENT FULL DAY AT WAD KOWLI FOLLOWING BRIEFING AT GEDAREF BY UNHCR, SUDANESE CDR AND PVCS. SITUATION IN CAMP VIEWED WITH ALARM DUE TO INADEQUATE RESOURCES IN PLACE TO MEET DEMANDS OF LARGE INFLUX OF REFUGEES SUFFERING FROM SEVERE MALNUTRITION AND INFECTIOUS DISEASES. AREAS OF CONCERN ARE AS FOLLOWS:
4. CONDITION OF REFUGEES AT TIME OF ARRIVAL: REFUGEES HAVE TRAVERSED LONG DISTANCES OVER SEVERAL WEEKS WITHOUT ADEQUATE WATER, FOOD, SHELTER AND HEALTH CARE. GASTRO-ENTERITIS, DYSENTERY, MALARIA, PNEUMONIAS AND WORSENING NUTRITION STATUS ARE COMMON ON ARRIVAL. ESTIMATE FIVE PERCENT OF REFUGEES DIE IN TRANSIT.
5. PROCESSING ON ARRIVAL AT CAMP. PROVISIONS FOR FOOD, WATER, SHELTER AND HEALTH ASSESSMENT AND CARE DELAYED FOR AS LONG AS 12 HOURS PRIOR TO ALLOWING ENTRANCE IN CAMP

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6. CONDITIONS IN CAMP: WATER - NO PROTECTED SOURCE OF WATER MADE AVAILABLE. CURRENT SOURCE IS STAGNANT POOLS SHARED WITH ANIMALS ALONG RIVER BANK. NO WATER IS BOILED OR CHEMICALLY TREATED PRIOR TO USE. NO DISTRIBUTION POINTS WITHIN CAMP ITSELF. FOOD - GENERAL RATION IS WHEAT FLOUR ONLY WITH NO OIL, SUGAR OR MILK. RECOMMENDED RATION BY UNHCR NUTRITIONIST IS 500 GRS CEREAL, 60 GRS PULSES, 30 GRS OIL PER PERSON PER DAY. CURRENTLY RECEIVING 300 GRS WHEAT PER DAY. CURRENTLY XEROPHthalmia RATES IN CHILDREN ESTIMATED FOUR TO FIVE PERCENT BUT NO VITAMIN A SUPPLEMENTS PROVIDED AS YET. ONLY HAVE ENOUGH VITAMIN A ON HAND FOR CHILDREN UNDER AGE FIVE. NUTRITIONAL STATUS VERY SERIOUS - GREATER THAN 50 PERCENT WT/HT (MODERATE MALNUTRITION), GREATER THAN 20 PERCENT LESS THAN 70 PERCENT WT/HT (SEVERE MALNUTRITION). MARASMUS IS COMMON PRESENTATION. SUPPLEMENTAL FEEDINGS FOR THOSE AT HIGHEST RISK ARE LIMITED TO 350 KCAL FOR MODERATE MALNUTRITION AND 1000 KCAL FOR SEVERE MALNUTRITION. WOULD RECOMMEND AT LEAST DOUBLING THESE. SHELTER - INADEQUATE DISTRIBUTION OF BLANKETS CURRENTLY DUE TO ORGANIZATIONAL DIFFICULTIES. RECOMMEND UTILIZING RELIEF SOCIETY OF TIGRAY (REST) FOR DISTRIBUTING SHELTER MATERIALS AND FOOD. HEALTH CARE - CURRENTLY THREE PHYSICIANS AND THREE NURSING PERSONNEL FOR 53,000 REFUGEES. THE MAJORITY OF WHOM HAVE ACUTE ILLNESS. NOT TRIAGE SYSTEM IN PLACE. NO FACILITIES OR PERSONNEL FOR INTRAVENOUS ADMINISTRATION OR NURSING AND MONITORING OF CRITICALLY ILL PATIENTS. NO PROVISIONS FOR IMMEDIATE DELIVERY OF FLUIDS OR DRUGS WHEN NECESSARY. NO INPATIENT BED-CAPACITY. NO CAMP OUTREACH. ESTIMATE 50 PERCENT OF CHILDREN AND MANY ADULTS WITH ACUTE EYE CONDITIONS THREATENING BLINDNESS. XEROPHTHACMIA, TRACHOMA, PURULENT-CONJUNCTIVITIS, AND EPISCERITIS ARE COMMON. RECOMMENDED HELEN KELLER INSTITUTE CONSIDER SENDING TEAM TO ADDRESS THESE PROBLEMS. ALSO REQUEST YOU CONTACT DR ALFRED SOMMERS AT JOHN HOPKINS UNIVERSITY REGARDING THIS. BODY LOUSE RATES CURRENTLY 50 PERCENT OR GREATER IN ADULTS. CURRENT STATUS OF TYPHUS AND RELAPSING FEVER UNKNOWN. PLAN FEVER STUDY WITHIN NEXT TWO DAYS. RECOMMEND GENERAL DELOUSING CAMPAIGN, CHANGE OF CLOTHES AND SOAP AND FACILITIES TO WASH CLOTHES. CAMP SANITATION - NO LATRINE FACILITIES. ANIMALS SHARE LIVING AREAS WITH REFUGEES. FLIES ARE A SERIOUS PROBLEM. ENDEMIC COMMUNICABLE DISEASES IN CAMP-

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DIARRHEAL DISEASE ( 50 PERCENT OR GREATER ARE DYSENTERIC), PNEUMONIAS, MALARIA, MEASLES (10 CASES), TUBERCULOSIS ENDEMIC IN CAMP WITHOUT ANY CONTROL MEASURES. ORGANIZATION - LACK OF COORDINATION EXISTS BETWEEN ALL AGENCIES IN CAMP. SEVERELY IMPAIRS DECISION - MAKING AND IMPLEMENTING PROGRAMS. NO OUTSIDE COMMUNICATIONS. NEAREST TELEPHONE IS THREE HOURS AWAY, NO RADIO FACILITIES. ACCESS TO CAMP BY UNIMPROVED DIRT ROAD THREE HOURS DRIVE FROM PAVED ROAD. ANTICIPATE ROAD DETERIORATION SEVERELY IN ANY RAIN.

7. ENTIRE TEAM'S CURRENT ACTIVITIES ARE FOCUSED ON MEETING CRITICAL NEEDS. WATER - UNDERTAKING SETTING UP CHLORINATED SYSTEM IN CAMP. WILL REQUIRE NO DOD ASSETS. ESTABLISHING SURVEILLANCE AND CONTROL SYSTEMS FOR COMMUNICABLE DISEASES. ATTEMPTING TO MEET SHORT TERM CRITICAL FOOD SHORTAGE. DOCTORS HAVE RECOMMENDATIONS ON MEASURES WHICH CAN BE TAKEN TO PREVENT DISEASE ALONG JOURNEY FROM TIGREAN HIGHLANDS. THIS WILL BE DISCUSSED IN SEPTEL. END CDC REPORT.

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8. ACTION TAKEN: BASED ON EXTRAORDINARY LIFE THREATENING SITUATION FACING REFUGEES, TEAM COORDINATOR KRUMM AUTHORIZED CONSTRUCTION OF SHORT TERM PROTECTED WATER SOURCE BY TEAM MEMBER MADDY. COSTS BEING BORNE UP FRONT BY SUDANESE MIDDLE MAN. NEED AUTHORIZATION OF UP-TO \$150,000 FOR EMERGENCY ACTION (SEE SEPTELS).

9. ACTION REQUEST: DOCTORS NEED ON URGENT BASIS A 50/70 LITER LIQUID NITROGEN FLASK FOR BLOOD SAMPLES. CONTACT JACK SLUSSER / VIC BARBIERO IMMEDIATELY TO OBTAIN. NEED IMMEDIATELY. PLEASE MARK CONTAINER FOR : U.S. CENTER FOR DISEASE CONTROL MICHAEL LINNAN.

10. ACTION REQUEST: PROCEED TO SHIP ON NEXT AVAILABLE PLANE THE PREPOSITIONED MEDICAL SUPPLIES DISCUSSED WITH BARBIERO/SLUSSER.

11. ACTION REQUEST: CONTACT HELEN KELLER INSTITUTE TO SEND SPECIALIST PLUS SUPPLIES OF VITAMIN A ASAP.

12. SENSE OF TEAM IS THAT THIS SITUATION CAN BE STABILIZED THROUGH QUICK ACTION. TIGREANS EXCEEDINGLY WELL ORGANIZED AND WORK TO HELP THEMSELVES. TEAM APPRECIATES ALL YOUR SUPPORTIVE EFFORT. HORAN  
END OF MESSAGE

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